Suggested basis for an amendment to Ct. 93-109 and its associated regulations 38a-477:

The TIN number in box 25 of the regulations 38a-109 pursuant to Ct. 93-109 be eliminated as a requirement for a clean claim and that the TIN number be given to the health insurance provider but be computer cross-checked in their respective 1099 departments, USING THE PIN # IN BOX 33.

## **MEMORANDUM**

To: Senator Judith Freedman, Senator George Gunther

From: Morgan O'Brien, Legal Counsel

Re: CMS-1500 Date: March 15, 2006

Public Act 93-109, set forth in full below, provided for the optional use of a federal claim form then designated Health Care Financing Administration Fifteen Hundred by non-institutional health care providers. Although the language providing for use of the form is mandatory ("shall submit"), the act allowed agreements by third-party payers and providers to vary its requirements.

Item number 25 of the form (currently CMS-1500) requires the entry of the provider's Social Security Number or Employer Identification Number.

I believe that in non-Medicaid, Non-Medicare claims the use of an identifier other than the SSN or EIN could be used. The numbers are needed by insurers for tax reporting purposes, but can be maintained in-house rather than repeatedly entered on every claim.

## Public Act 93-109 follows:

(NEW) (a) Except where there is an agreement to the contrary between a third-party payer and the health care provider, as defined in section 19a-17b of the general statutes, all health care providers shall submit all third-party claims for payment on the current standard Health Care Financing Administration Fifteen Hundred (HCFA1500) health insurance claim form or its successor, or in the case of a hospital or other health care institution, a UB-82 or its successor, or in accordance with other forms which may be prescribed by the insurance commissioner.

(b) The commissioner may adopt regulations in accordance with the provisions of chapter 54 of the general statutes to implement the provisions of subsection (a) of this act.

1500

## HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTI	EE 08/05 🔭	FOR STA	TE AN	E FED	ERAL US			PICA [
1. MEDICARE MEDICAID TRICARE	CHAMPV	A GROUP HEALTH PL	FECA AN BLK LUN	OŢHER	1a. INSURED'S I.D. N	UMBER		(For Program in Item 1)
(Medicare #) (Medicaid #) (Sponsor's SSN	I) [[[] (Member II.	O#) HEALTH PL (SSN or ID)	AN BLK LUN	G ((D)				,
2. PATIENT'S NAME (Last Name, First Name, Middle Initi	ial)	3. PATIENT'S BIRT	H DATE M	SEX F	4. INSURED'S NAME	(Last Name, Fi	rst Name,	Middle Initial)
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED			7. INSURED'S ADDA	ESS (No., Stree	rt)	-	
·	Self Spous	e Child	ļ		•			
CITY	STATE	8. PATIENT STATE	JS		CITY	····		STATE
		Single	Married	Other				
ZIP CODE TELEPHONE (Include	Area Code)		p-		ZIP CODE	TE	LEPHONE	(Include Area Code)
and the second s	Employed Student Student			100 commission of the commissi				
. OTHER INSURED'S NAME (Last Name, First Name, N	fiddie Initiai)	10. IS PATIENT'S C	CONDITION RELA	TED TO:	11. INSURED'S POLI	CY GROUP OR	FECA NU	MBER
OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT?	(Current or Previo	ous)	a. INSURED'S DATE			SEX
·	YES NO			MM DD YY M F				
OTHER INSURED'S DATE OF BIRTH SEX		b. AUTO ACCIDEN	T? r	LACE (State)	b. EMPLOYER'S NAM	E OR SCHOOL	NAME	<u> </u>
M M	F	.,	ES NO					
EMPLOYER'S NAME OR SCHOOL NAME	c. OTHER ACCIDENT?			C. INSURANCE PLAN NAME OR PROGRAM NAME				
INSURANCE PLAN NAME OR PROGRAM NAME	YES NO  10d. RESERVED FOR LOCAL USE			d IC TUEDE ANOTHED UP ATTERDED TO A ANOTHER DESCRIPTION AND				
THANK THE PARTY MANUE OF PROGRAM NAME	100. RESERVED FOR EOCAL USE			d. IS THERE ANOTHER HEALTH BENEFIT PLAN?  YES NO If yes, return to and complete item 9 and				
READ BACK OF FORM BEFO	& SIGNING THIS FORM.			YES NO If yes, return to and complete item 9 a-d.  13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize				
<ol> <li>PATIENT'S OR AUTHORIZED PERSON'S SIGNATUM to process this claim. I also request payment of governments.</li> </ol>	RE I authorize the nent benefits either	release of any medica to myself or to the par	l or other information of the state of the s	on necessary ignment		I benefits to the		ed physician or supplier for
SIGNED	SIGNED							
DATE OF CURRENT: ILLNESS (First symptom	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM   DD   YY							
PREGNANCY(LMP)  NAME OF REFERRING PROVIDER OR OTHER SOU	JRCE 17a		Alar des	e na rekalikatio	FROM  18. HOSPITALIZATIO	N DATES RELA	TO TO C	URRENT SERVICES
	17b	NPI			FROM	J . YT	то	MM DD YY
RESERVED FOR LOCAL USE				20. OUTSIDE LAB?	1 1	\$ CH	IARGES	
. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (	Delate items 1 2	2 or 4 to bom 04E hu	Line		YES	NO		
. 1	9	1	Line	<b>\rightarrow</b> '	22. MEDICAID RESUL CODE	ORI	GINAL RE	F. NO.
	ela en artig	i gazanta asserbana	– gruyddyddhuc	its in proper	23. PRIOR AUTHORIZ	ATION NUMBE	IR	
	C D. PROCE	LDURES, SERVICES,	OR SUPPLIES	7 E.	F,	G, H.	T 1. T	J.
From To PLACE OF	(Expla	in Unusual Circumsta	nces) DDIFIER	DIAGNOSIS POINTER		DAYS EPSO OR Fant	<sup>[7</sup> ] ΙΟ.	RENDERING
The state of the s	sia i canto.		Junen	POINTER	\$ CHARGES	UNITS Plan	QUAL	PROVIDER ID. #
					gestine taken a service of the con-	, udastinavi (1.21.)	NPI	
		7 N. N	ingiles que a	V-201-16		ASSAULT PAGE		
	The control of the second	Arriva V. V. V. S. V.		98,3329 4 38,3228			NPI	
		4 7		yannaniga	The same of the sa		NPI	— — to the term to the term that the term to the
the second of th								
	i q. Mass					e Mario	NPI	
	Call Part Carrier	1	1 1	and the state of	Decision in a companyation of the Companyation		NPI	44. C.
							NPI	
S DEDERAL TAX I.D. NUMBER SSN EIN	26. PATIENT'S A	CCOUNT NO.	27. ACCEPT ASS	IGNMENT?	28. TOTAL CHARGE	29. AMC	OUNT PAIL	30. BALANCE DUE
SSN OR EIN DD	AO 050 255 2		YES _	NO	\$	\$		\$
1. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	32, SERVICE FAC	CILITY LOCATION IN			33. BILLING PROVIDE			)
(I certify that the statements on the reverse apply to this bill and are made a part thereof.)			•	IIRED BY ALL STATE → FÉDERAL INSURANCE CLAIMS AFTER 05/23/07				
>NOT NECESSARY					INSURANC	E CLAI	MS AF	TER 05/23/07
	a. %	<b>3.3 0.3</b> 86.38			a. NIDI		is it is	
GNED DATE	: 8.3	<ul> <li>2. (2) (2) (2) (2)</li> </ul>		<b>美国政党法院</b> (新)	(1717)		enchaller	ANGARES - 1215年 - 1215

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE
Printed on Recycled Paper

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)



FEB 1 6 2007

Administrator
Washington, DC 20201

REGARDING: S.B. 256 BY STATE SENATOR STROTH FREEDMAN

> Michael D. Maves, M.D., M.B.A. Executive Vice President, CEO American Medical Association 1101 Vermont Avenue, NW Washington, DC 20005

RECEIVED

FEB 2 3 2007

MICHAEL D. MAVES, MD, MBA EXECUTIVE VICE PRESIDENT

Dear Dr. Maves:

Thank you for your letter regarding the Centers for Medicare & Medicaid Services' (CMS) Internet Only Manual.

Section 100-04 of this manual requires a physician's Social Security Number (SSN) in box 25 of the CMS-1500 paper claim form for processing Medigap claims. CMS will be using information from the Medigap beneficiary eligibility file and Medigap insurer information received on the claim to process crossover claims.

You are correct that the SSN submitted in Item 25 (Federal Tax I.D. Number) of the CMS-1500 is not necessary to effectuate the crossover of a Medicare paid claim to a Medigap insurer in situations where: (1) the Medigap insurer has submitted an eligibility file; or (2) the Medigap insurer information is submitted on the claim.

Therefore, CMS is in the process of revising the Medicare Internet Only Manual, section 100-04, to remove the instruction requiring the SSN to be present on the CMS-1500 form. The effective date of the revised instruction is April 1, 2007.

We appreciate your efforts to improve our work with the Medicare program.

000000

Leslie V. Norwalk, Esq. Acting Administrator

RECEIVED

FEB 2 8 2007

RICHARD A. DEEM SENIOR VICE PRESIDENT Subj.

Removing all TIN requirements in box 25 of 1500 form

Date:

3/20/2007 3:25:55 PM Eastern Standard Time

From:

Mari.Johnson@ama-assn.org

To:

Robert7912@aol.com

CC:

mkatz@csms.org

Dr. Fand - Per our conversation, Medicare has told me today that they are removing the requirement for use of any Taxpayer ID number (TIN) in box #25 of the CMS 1500 form. This includes both the Social Security number as well as the only other identifier listed in the Medicare instructions which is the Employer ID number. These changes are expected to go into effect in April. I will send you the revised Medicare instructions just as soon as they become available.

## Mari

Mari Rose Johnson, MPA Assistant Director, Federal Affairs American Medical Association 1101 Vermont Avenue, NW Washington, DC 20005 202-789-7414 (o) 202-294-3828 (c) 202-789-4581 (f) Mari.Johnson@ama-assn.org